



# Arkansas Secretary of State

**Charlie Daniels**

State Capitol • Little Rock, Arkansas 72201-1094  
501-682-3409 • [www.sosweb.state.ar.us](http://www.sosweb.state.ar.us)

**Instructions:** File a copy with the Arkansas Secretary of State's Business Services Division, State Capitol, Little Rock, Arkansas 72201-1094 with payment of fee. A copy will be returned to the Corporation at the listed address.

PLEASE TYPE OR CLEARLY PRINT IN INK

## ARTICLES OF INCORPORATION of TELECOMMUNICATION COOPERATIVE

The undersigned acting as incorporator of a cooperative under the Rural Telephone Cooperative Act (Act 51 of 1951), adopt the following Articles of Incorporation of such Cooperative:

**First:** The name of the Cooperative is:

\_\_\_\_\_  
Must contain the words "Telephone Cooperative", "Telecommunications Cooperative", or the abbreviation "Inc.".

**Second:** The purpose for which the Cooperative is formed is:

**Third:** The name and address of each Incorporator who shall serve as directors and manage the affairs of the cooperative until its first meeting or until successors are elected and qualified:

NAME

ADDRESS


**Fourth:** The number of directors to be elected at the annual meeting: \_\_\_\_\_

**Fifth:** The address of the principal office and name and address of agent for service: \_\_\_\_\_


**Sixth:** The terms and conditions upon which persons shall be admitted to membership in the cooperative:


**Seventh:** If a cooperative desires to issue nonvoting shares of stock it shall state: \_\_\_\_\_

(A) Total number of shares which may be issued and par value of each share: \_\_\_\_\_

(B) Fixed or maximum rates of dividends or the par value of stocks, and whether dividends will be cumulative:

(C) Whether shares of stock may be issued to members only or to nonmembers and members:

(D) Maximum number of shares which may be owned by any one person and terms of ownership:

**Eighth:** EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of incorporator(s)

**CERTIFICATE OF ACKNOWLEDGEMENT**

County of \_\_\_\_\_

State of \_\_\_\_\_

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires: \_\_\_\_\_